

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

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HOUSE BILL DRH40015-MG-15A

Short Title: End of Life Option Act.

(Public)

Sponsors: Representative Harrison.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT ESTABLISHING AN END OF LIFE OPTION ACT TO ALLOW QUALIFIED  
3 PATIENTS DIAGNOSED WITH A TERMINAL DISEASE TO END LIFE IN A HUMANE  
4 AND DIGNIFIED MANNER.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. Chapter 90 of the General Statutes is amended by adding a new Article  
7 to read:

8 "Article 23B.

9 "End of Life Option Act.

10 "**§ 90-326. Definitions.**

11 The following definitions apply in this Article:

- 12 (1) Adult. – An individual who is 18 years of age or older.
- 13 (2) Aid-in-dying drug. – A controlled substance determined and prescribed by a  
14 physician licensed in this State for a qualified individual with the purpose of  
15 hastening the qualified individual's death due to a terminal disease.
- 16 (3) Attending physician. – The North Carolina licensed physician, having  
17 established a bona fide physician-patient relationship with an individual with  
18 a terminal disease, who has primary responsibility for supervising the  
19 individual's terminal disease under the provisions of this Article. The  
20 attending physician need not be the individual's primary care physician.
- 21 (4) Attending Physician Checklist and Compliance Form. – The form published  
22 by the Department pursuant to G.S. 90-326.18 identifying each and every  
23 requirement that must be fulfilled by an attending physician in order to be in  
24 good-faith compliance with this Article if the attending physician chooses to  
25 participate in the activities authorized under this Article.
- 26 (5) Attending witness. – An individual named by the qualified individual to be  
27 present if and when the qualified individual self-administers the aid-in-dying  
28 drug and who undertakes to (i) complete the Attending Witness Completion  
29 Form confirming ingestion of the aid-in-dying drug and the death of the  
30 qualified individual and (ii) return the Attending Witness Completion Form  
31 to the attending physician within 48 hours after the death of the qualified  
32 individual. The attending witness may, but need not, be (i) related to the  
33 qualified individual by blood, adoption, or marriage, or (ii) a health care  
34 provider. At the discretion of the qualified individual, the attending witness  
35 may be the attending physician or consulting practitioner.



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- 1           (6)   Bona fide physician-patient relationship. – A treating or consulting  
2           relationship in the course of which a physician or consulting practitioner has  
3           completed an assessment of a patient's medical history and current medical  
4           condition, including a personal physical examination.
- 5           (7)   Capacity to make medical decisions. – In the opinion of an individual's  
6           attending physician, consulting practitioner, psychiatrist, or psychologist, the  
7           individual has the ability to understand the nature and consequences of a  
8           health care decision; the ability to understand its significant benefits, risks,  
9           and alternatives; and the ability to make and communicate an informed  
10          decision to health care providers, including communication through persons  
11          familiar with the qualified individual's manner or language of communication,  
12          if those persons are required.
- 13          (8)   Consulting practitioner. – A licensed physician, physician assistant, or nurse  
14          practitioner who is independent from the attending physician, not part of the  
15          same practice group as the attending physician, and qualified by specialty or  
16          experience to make a professional diagnosis and prognosis regarding an  
17          individual's terminal disease.
- 18          (9)   Department. – The North Carolina Department of Health and Human  
19          Services.
- 20          (10)  Health care provider or provider of health care. – An individual who is  
21          licensed, certified, or otherwise authorized under Chapter 90 of the General  
22          Statutes to provide health care services in the ordinary course of business or  
23          practice of a profession or a health care facility licensed under Chapter 131E  
24          of the General Statutes, where health care services are provided to patients.  
25          The term includes all of the following:
- 26           a.    An agent or employee of a health care facility that is licensed, certified,  
27            or otherwise authorized to provide health care services.
- 28           b.    The officers and directors of a health care facility.
- 29           c.    An agent or employee of a health care provider who is licensed,  
30            certified, or otherwise authorized to provide health care services.
- 31          (11)  Informed decision. – A decision by an individual with a terminal disease to  
32          request and obtain a prescription for an aid-in-dying drug that the individual  
33          may self-administer to hasten the individual's death, that is based on an  
34          understanding and acknowledgement of the relevant facts, and that is made  
35          after being fully informed by the attending physician of all of the following:
- 36           a.    The individual's medical diagnosis and prognosis.
- 37           b.    The risks associated with taking the aid-in-dying drug to be prescribed.
- 38           c.    The probable result of taking the aid-in-dying drug to be prescribed.
- 39           d.    The right of the individual to change his or her mind at any time by  
40            discontinuing proceedings under this Article and by choosing not to  
41            obtain the aid-in-dying drug or, after obtaining the aid-in-dying drug,  
42            by deciding not to ingest it.
- 43           e.    The feasible alternatives or additional end-of-life options, including  
44            VSED, comfort or palliative care, hospice care, terminal sedation, and  
45            pain control.
- 46          (12)  Medically confirmed. – The medical diagnosis and prognosis of the attending  
47          physician has been confirmed by a consulting practitioner who has examined  
48          the individual and the individual's relevant medical records and  
49          communicated his or her findings to the attending physician.
- 50          (13)  Mental health specialist assessment. – One or more consultations between an  
51          individual and a mental health specialist for the purpose of determining that

1 the individual has the capability to make medical decisions and is not suffering  
2 from impaired judgment due to a mental disorder or disease.

3 (14) Mental health specialist. – A psychiatrist or a psychologist licensed to practice  
4 in North Carolina.

5 (15) Palliative care. – Care that eases or relieves pain or discomfort.

6 (16) Physician. – An individual licensed to practice medicine by the North Carolina  
7 Medical Board under Article 1 of Chapter 90 of the General Statutes.

8 (17) Public place. – Any street, alley, park, public building, place of business, or  
9 assembly open to or frequented by the public, and any other place that is open  
10 to the public view or to which the public has access.

11 (18) Qualified individual. – An adult who has the capacity to make medical  
12 decisions and to self-administer, is a resident of North Carolina, and has  
13 satisfied the requirements of this Article in order to obtain a prescription for  
14 an aid-in-dying drug.

15 (19) Self-administer. – A qualified individual's affirmative, voluntary, conscious,  
16 and physical act of administering and ingesting the aid-in-dying drug to hasten  
17 death.

18 (20) Terminal disease. – An incurable and irreversible disease that has been  
19 medically confirmed by the attending physician and consulting practitioner  
20 and will, within reasonable medical judgment, result in death within six  
21 months.

22 (21) Terminal sedation. – The palliative practice of relieving distress and suffering  
23 in an individual with a terminal disease by means of a continuous intravenous  
24 or subcutaneous infusion of a sedative drug until death occurs.

25 (22) VSED (Voluntary Stopping of Eating and Drinking). – A means of hastening  
26 death by cessation of eating and drinking food and beverages in order to halt  
27 all nutrition and hydration.

28 **"§ 90-326.1. Right to information.**

29 An individual suffering from an incurable, terminal disease has a right to be informed of all  
30 available end-of-life options related to terminal care and to receive answers to any specific  
31 question about the foreseeable risks and benefits of medication without the physician withholding  
32 any requested information, regardless of the purpose of the inquiry or the nature of the  
33 information. A physician who engages in discussions with a patient related to such risks and  
34 benefits shall not be construed as assisting in or contributing to a patient's independent decision  
35 to self-administer a lethal dose of medication, and such discussions shall not be used to establish  
36 civil or criminal liability or professional disciplinary action.

37 **"§ 90-326.2. Initiation of request for aid-in-dying drug.**

38 (a) An individual who is an adult with the capacity to make medical decisions suffering  
39 from an incurable, terminal disease may make a request to receive a prescription for an  
40 aid-in-dying drug, provided that all of the following conditions are satisfied:

41 (1) The individual's attending physician has diagnosed the individual to be  
42 suffering from an incurable, terminal disease.

43 (2) The individual has voluntarily expressed verbally and in writing the wish to  
44 receive a prescription for an aid-in-dying drug.

45 (3) The individual is a resident of North Carolina and is able to establish residency  
46 through any of the following means:

47 a. Possession of a North Carolina drivers license or other identification  
48 issued by the State of North Carolina.

49 b. Registration to vote in North Carolina.

50 c. Evidence that the person owns or leases property in North Carolina.

51 d. Filing of a North Carolina tax return for the most recent tax year.

- (4) The individual documents his or her request pursuant to the requirements of G.S. 90-326.3 and on the form specified in G.S. 90-326.3A.
- (5) The individual has the physical and mental ability to self-administer the aid-in-dying drug.

(b) A person shall not be considered a qualified individual under the provisions of this Article solely because of age or disability.

(c) A request for a prescription for an aid-in-dying drug under this Article shall be made solely and directly by the individual diagnosed with the terminal disease and shall not be made on behalf of the patient, including through an advance health care directive or a power of attorney, conservator, health care agent, surrogate, or any other legally recognized health care decision maker.

**"§ 90-326.3. Form of request for aid-in-dying drug.**

(a) An individual seeking to obtain a prescription for an aid-in-dying drug pursuant to this Article shall submit two verbal requests, a minimum of 10 days apart, followed by a written request that meets the requirements of subsection (b) of this section directly to his or her attending physician and not to a designee of the physician. The attending physician shall directly, and not through a designee, receive all three requests required pursuant to this section. The attending physician shall keep records of the verbal and written requests in the individual's medical file. The record of the verbal requests must include the date and time of the request as well as a summary of the request.

(b) In order to be valid, a written request for an aid-in-dying drug must meet all of the following criteria:

- (1) The request shall be in the form specified in G.S. 90-326.3A.
- (2) The request shall be signed and dated by the individual seeking the aid-in-dying drug in the presence of two adult witnesses, at least one of whom shall be a North Carolina resident, and both of whom, in the presence of the individual, shall attest that to the best of their knowledge and belief the individual is all of the following:
  - a. An individual who is personally known to them or has provided proof of identity.
  - b. An individual who voluntarily signed this request in their presence.
  - c. An individual whom they believe to be mentally capable and not acting under duress, fraud, or undue influence.
  - d. An individual for whom not more than one of them is the attending physician, consulting practitioner, or mental health specialist.

**"§ 90-326.3A. Request for Aid-In-Dying Drug Form.**

A request for an aid-in-dying drug, as authorized by this Article, shall be in the following form:

**"REQUEST FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER**

I, ....., am an adult of sound mind and a resident of the State of North Carolina.

I have been diagnosed as suffering from ....., which my attending physician has determined is in its terminal phase and which has been medically confirmed as leaving me less than six months to live.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including VSED, comfort or palliative care, hospice care, terminal sedation, and pain control.

I request that my attending physician prescribe an aid-in-dying drug that will end my life in a humane and dignified manner if I choose to take it, and I authorize my attending physician to contact my pharmacist about my request.

INITIAL ONE:

..... I have informed one or more members of my family of my decision and have taken their opinions into consideration.

..... I have decided not to inform my family of my decision.

..... I have no family to inform of my decision.

I nominate ..... to be my attending witness should I decide to ingest the prescribed aid-in-dying drug and authorize ..... to transmit the final confirmation of my death by ingestion to my attending physician.

I understand that I have the right to change my mind at any time and to withdraw or rescind this request and not to ingest the aid-in-dying drug once prescribed.

I undertake to keep the aid-in-dying drug in a safe and secure place until such time, if ever, when I decide to ingest it.

I understand that if I decide to take the aid-in-dying drug, it is my responsibility to self-administer it, although someone may assist me in preparing the aid-in-dying drug for immediate consumption.

I understand that I may have friends, family, clergy persons, colleagues, or medical practitioners, including my attending physician or primary care physician, with me if and when I decide to ingest the aid-in-dying drug.

I understand the full import of this request and I expect to die if I take the aid-in-dying drug to be prescribed. My attending physician has counseled me about the possibility that my death may not occur immediately upon the ingestion of the drug.

I make this request voluntarily, without reservation, and without coercion.

Signed: .....

Dated: .....

DECLARATION OF WITNESSES

We declare that the person signing this request meets all of the following criteria:

- (1) Is personally known to us or has provided proof of identity.
- (2) Voluntarily signed this request in our presence.
- (3) Is an individual whom we believe to be mentally capable and not under duress, fraud, or undue influence.
- (4) Is an individual for whom not more than one of us is the attending physician, consulting practitioner, or mental health specialist.

..... Witness 1/Date

..... Witness 2/Date"

**"§ 90-326.3B. Attending Witness Completion Form.**

The Attending Witness Completion Form given by the attending physician to the qualified individual at the time the attending physician writes the prescription for an aid-in-dying drug shall appear in the following form:

**"ATTENDING WITNESS COMPLETION FORM AFTER SELF-ADMINISTRATION OF AN AID-IN-DYING DRUG**

I, ....., was nominated by ..... (name of qualified individual) ..... to be his/her attending witness at the time of self-administration of the prescribed aid-in-dying drug.

On ..... (date and time), I witnessed the self-administration of said aid-in-dying drug by ..... (name of qualified individual).

I confirm that ..... (name of qualified individual) self-administered the aid-in-dying drug willingly and without coercion or undue pressure and was aware of his or her right not to ingest the drug at any time.

I confirm that ..... (qualified individual) did expire within ..... minutes.

There were no complications arising during the ingestion.

(If there were complications, please describe here:

.....)

I confirm that ..... did self-administer the entire prescription of the aid-in-dying drug, and if the entirety was not self-administered, I undertake to dispose of the remaining prescription in a safe and lawful manner.

Signed: .....

Dated: .....

Time: ..... "

Within 48 hours after the qualified individual has self-administered the aid-in-dying drug, the attending witness shall complete this Attending Witness Completion Form and timely transmit it to the attending physician.

Upon receiving the Attending Witness Completion Form, the attending physician shall add it to the medical records of the qualified individual and include it in his or her transmission of the Attending Physician Follow-Up Form to the North Carolina Department of Health and Human Services."

**"§ 90-326.4. Discontinuation, withdrawal, or rescission of request.**

A qualified individual may at any time discontinue, withdraw, or rescind his or her request for an aid-in-dying drug or decide not to ingest an aid-in-dying drug once obtained.

**"§ 90-326.5. Attending physician responsibilities.**

(a) No person other than the attending physician may write a prescription for an aid-in-dying drug. A designee of the attending physician is not authorized to prescribe an aid-in-dying drug.

(b) Before prescribing an aid-in-dying drug, the attending physician shall do all of the following:

(1) Make an initial determination of all of the following:

a. That the requesting adult has the capacity to make medical decisions.

1. If there are indications of a mental disorder or disease, the physician shall refer the individual for a mental health specialist assessment.

2. If a mental health specialist assessment referral is made, no aid-in-dying drugs shall be prescribed unless the mental health specialist determines that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder or disease.

b. That the requesting adult has a terminal disease.

c. That the requesting adult has voluntarily made the request for an aid-in-dying drug pursuant to G.S. 90-326.3 and on the form specified in G.S. 90-326.3A.

d. That the requesting adult is a qualified individual as defined in G.S. 90-326.

(2) Confirm that the individual is making an informed decision by discussing with him or her all of the following:

a. The individual's medical diagnosis and prognosis.

b. The risks associated with ingesting the requested aid-in-dying drug.

c. The probable result of ingesting the aid-in-dying drug.

d. The right of the individual to discontinue the application for the aid-in-dying drug at any time and the right not to ingest the aid-in-dying drug.

- 1           e.       The feasible alternatives or additional end-of-life options, including  
2                   VSED, comfort or palliative care, hospice care, terminal sedation, and  
3                   pain control.
- 4       (3)     Refer the individual to a consulting practitioner for medical confirmation of  
5           the individual's diagnosis, prognosis, and capacity to make medical decisions  
6           and for confirmation that the individual has complied with the provisions of  
7           this Article.
- 8       (4)     Confirm that the qualified individual's request does not arise from coercion or  
9           undue influence by another person by discussing with the qualified individual,  
10           outside of the presence of any other persons, except when a qualified translator  
11           is necessary, whether or not the qualified individual is being coerced or unduly  
12           influenced by another person.
- 13       (5)     Advise the qualified individual of the critical importance of all of the  
14           following:
- 15           a.       Having another person present when the qualified individual ingests  
16                   the aid-in-dying drug by nominating an attending witness to be present  
17                   if and when the qualified individual decides to ingest the aid-in-dying  
18                   drug, who will be responsible for (i) completing the Attending Witness  
19                   Completion Form specified in G.S. 90-326.3B within 48 hours after  
20                   the qualified individual has self-administered the aid-in-dying drug  
21                   and (ii) timely transmitting the Attending Witness Completion Form  
22                   specified in G.S. 90-326.3B to the attending physician.
- 23           b.       Not ingesting the aid-in-dying drug in a public place.
- 24           c.       Notifying next-of-kin of the qualified individual's request for an  
25                   aid-in-dying drug and of the qualified individual's decision to  
26                   self-administer the aid-in-dying drug.
- 27           d.       Participating in a hospice program, pain management regime, or both.
- 28           e.       Maintaining the aid-in-dying drug in a safe and secure location until  
29                   the qualified individual decides to ingest it.
- 30           f.       Properly disposing of the aid-in-dying drug if the qualified person  
31                   decides to forego ingestion.
- 32       (6)     Offer the qualified individual an opportunity to withdraw or rescind the  
33           request for an aid-in-dying drug before prescribing the aid-in-dying drug.
- 34       (7)     Inform the qualified individual of the right to withdraw or rescind the request  
35           for an aid-in-dying drug at any time and in any manner and that the qualified  
36           individual is in no way obligated to ingest the aid-in-dying drug once  
37           prescribed if the qualified individual changes his or her mind.
- 38       (8)     Verify, immediately prior to writing the prescription for an aid-in-dying drug,  
39           that the qualified individual is making an informed decision and is in no way  
40           acting under undue pressure or coercion.
- 41       (9)     Confirm that all requirements have been met and all appropriate steps have  
42           been carried out in accordance with this Article before writing a prescription  
43           for an aid-in-dying drug.
- 44       (10)    Fulfill the documentation requirements of G.S. 90-326.8.
- 45       (11)    Complete the Attending Physician Checklist and Compliance Form published  
46           by the Department pursuant to G.S. 90-326.18 and include it with the  
47           Consulting Practitioner Compliance Form published by the Department  
48           pursuant to G.S. 90-326.18 in the individual's medical record.
- 49       (12)    Provide to the qualified individual a copy of the Attending Witness  
50           Completion Form specified in G.S. 90-326.3B in a self-addressed, stamped

1 envelope with the instruction that the form should be completed, executed,  
2 and returned to the attending physician by the attending witness.

3 (c) If the conditions set forth in subsection (a) of this section are satisfied, the attending  
4 physician may deliver the aid-in-dying drug in any of the following ways:

5 (1) Dispense the aid-in-dying drug directly to the qualified individual, including  
6 ancillary medication intended to minimize the qualified individual's  
7 discomfort, provided that the attending physician meets all of the following  
8 requirements:

9 a. Is authorized under North Carolina law to dispense controlled  
10 substances.

11 b. Has a valid United States Drug Enforcement Administration  
12 registration number and certificate.

13 c. Is in compliance with all applicable State and federal rules.

14 (2) With the qualified individual's written consent, contact a pharmacist to inform  
15 the pharmacist of the prescription and deliver the written prescription to the  
16 pharmacist personally, by mail, or by electronic transmission. The pharmacist  
17 may then dispense the aid-in-dying drug to the qualified individual, the  
18 attending physician, or a person expressly designated verbally and in writing  
19 by the qualified individual to receive the aid-in-dying drug. The pharmacist  
20 shall complete the Pharmacist Compliance Form published by the Department  
21 pursuant to G.S. 90-326.18.

22 (d) Delivery of the dispensed drug to the qualified individual, the attending physician, or  
23 a person expressly designated in writing by the qualified individual may be made by personal  
24 delivery or with a signature required upon delivery, by the United States Postal Service or other  
25 public or private business engaged in the delivery of mail, packages, or parcels.

26 **"§ 90-326.6. Consulting practitioner responsibilities.**

27 Before a qualified individual obtains a prescription for an aid-in-dying drug from the  
28 attending physician, the consulting practitioner shall perform all of the following:

29 (1) Examine the qualified individual and his or her relevant medical records.

30 (2) Confirm in writing the attending physician's diagnosis and prognosis.

31 (3) Determine that the qualified individual has the capacity to make medical  
32 decisions, is acting voluntarily, and has made an informed decision.

33 (4) If there are indications of a mental disorder or disease, refer the individual for  
34 assessment by a mental health specialist.

35 (5) Fulfill the documentation requirements of this Article.

36 (6) Submit in a timely manner to the attending physician the Consulting  
37 Practitioner Compliance Form published by the Department pursuant to  
38 G.S. 90-326.18.

39 **"§ 90-326.7. Mental health specialist responsibilities.**

40 Upon referral from the attending physician or consulting practitioner, the mental health  
41 specialist shall do all of the following:

42 (1) Examine the qualified individual and his or her relevant medical records.

43 (2) Determine whether the individual has the mental capacity to make medical  
44 decisions, act voluntarily, and make an informed decision.

45 (3) Determine whether the individual is suffering from impaired judgment due to  
46 a mental disorder or disease.

47 (4) Fulfill the documentation requirements of this Article.

48 (5) Submit in a timely manner to the attending physician or the consulting  
49 practitioner, as appropriate, the Mental Health Specialist Compliance Form  
50 published by the Department pursuant to G.S. 90-326.18.

51 **"§ 90-326.8. Documentation requirements.**



1 All of the following shall be documented in the qualified individual's medical record:

- 2 (1) A summary of all verbal requests by the qualified individual for aid-in-dying  
3 drugs, including the date, time, and location of each request and any tape or  
4 digital recording or written summary of the verbal requests.
- 5 (2) All written requests for aid-in-dying drugs.
- 6 (3) The attending physician's diagnosis and prognosis and the determination that  
7 the individual is a qualified individual who has the capacity to make medical  
8 decisions, is acting voluntarily, and has made an informed decision, or  
9 alternatively that the attending physician has determined that the individual is  
10 not a qualified individual, and why in the attending physician's judgment the  
11 individual is not a qualified individual.
- 12 (4) The consulting practitioner's diagnosis and prognosis and verification that the  
13 qualified individual has the capacity to make medical decisions, is acting  
14 voluntarily, and has made an informed decision, or alternatively that the  
15 consulting practitioner has determined that the individual is not a qualified  
16 individual, and why in the consulting practitioner's judgment the individual is  
17 not a qualified individual.
- 18 (5) A report of the outcome and determinations made during a mental health  
19 specialist's assessment, if performed.
- 20 (6) The attending physician's offer to the qualified individual to withdraw or  
21 rescind his or her request at the time of the individual's second oral request.
- 22 (7) The Attending Witness Completion Form specified in G.S. 90-326.3B, if  
23 returned to the attending physician completed.
- 24 (8) A note by the attending physician indicating that all requirements under  
25 G.S. 90-326.5 and G.S. 90-326.6 have been met and indicating the steps taken  
26 to carry out the request, including the name and dosage of the specific  
27 aid-in-dying drug prescribed.

28 **"§ 90-326.9. Required submissions to the Department upon prescribing aid-in-dying drug.**

29 (a) Within 48 hours after writing a prescription for an aid-in-dying drug, the attending  
30 physician shall submit to the Department a copy of the prescription.

31 (b) Within 48 hours after dispensing an aid-in-dying drug, the pharmacist shall submit to  
32 the Department a copy of the Pharmacist Compliance Form published by the Department  
33 pursuant to G.S. 90-326.18.

34 (c) Within 15 calendar days after a determination by the attending physician, the  
35 consulting practitioner, or the mental health specialist that an individual is not a qualified  
36 individual under this Article, the attending physician shall submit to the Department a written  
37 summary of the individual's request for an aid-in-dying drug and the reasons for concluding that  
38 the individual is not a qualified individual under this Article.

39 (d) Within 30 calendar days after writing a prescription for an aid-in-dying drug, the  
40 attending physician shall submit to the Department a copy of the qualifying patient's written  
41 request, the Attending Physician Checklist and Compliance Form published by the Department  
42 pursuant to G.S. 90-326.18, and the Consulting Practitioner Compliance Form published by the  
43 Department pursuant to G.S. 90-326.18.

44 (e) Within 30 calendar days after the later of (i) the qualified individual's death from  
45 ingesting the aid-in-dying drug or from any other cause or (ii) the date on which the attending  
46 physician receives actual notice of the qualified individual's death from the Attending Witness  
47 Completion Form published by the Department pursuant to G.S. 90-326.18 or otherwise, the  
48 attending physician shall submit to the Department an Attending Physician Follow-Up Form  
49 published by the Department pursuant to G.S. 90-326.18.

50 **"§ 90-326.10. Death certificate.**

1        The attending physician may sign the qualified individual's death certificate. In any event,  
2 the cause of death on a qualified individual's death certificate shall be recorded as the underlying  
3 terminal disease.

4 **"§ 90-326.11. Effect on insurance.**

5        (a) The sale, procurement, or issuance of any life, health, or annuity policy, health care  
6 service plan contract, or health benefit plan or the rate charged for any policy, plan contract, or  
7 benefit plan shall not be conditioned upon or affected by the making or rescinding of a person's  
8 request for an aid-in-dying drug.

9        (b) Consistent with G.S. 90-326.13, death resulting from the self-administration of an  
10 aid-in-dying drug shall not be deemed suicide, but rather a hastened death from the underlying  
11 terminal disease, and therefore coverage under a life, health, or annuity policy shall not be denied,  
12 curtailed, or exempted on that basis.

13        (c) A qualified individual's act of self-administering an aid-in-dying drug shall not have  
14 any effect upon a life, health, or annuity policy other than that of a natural death from the  
15 underlying disease.

16        (d) An insurance carrier shall not provide any information in communications to a  
17 qualified individual about the availability of aid-in-dying drugs absent a request by the qualified  
18 individual or the qualified individual's attending physician at the behest of the qualified  
19 individual.

20 **"§ 90-326.12. No civil or criminal liability, penalty, or professional disciplinary action for**  
21 **good-faith participation in the activities authorized by this Article.**

22        (a) A person shall not be subject to civil or criminal liability or professional disciplinary  
23 action for participating in good-faith compliance with the activities authorized under this Article  
24 or for being present when a qualified individual self-administers an aid-in-dying drug.

25        (b) An individual with a terminal disease who self-administers a lethal dose of medication  
26 shall not be considered a person exposed to grave physical harm under any Good Samaritan law,  
27 and no person shall be subject to civil or criminal liability solely for being present when an  
28 individual with a terminal disease self-administers a lethal dose of medication or for failing to  
29 act to prevent the patient from self-administering a lethal dose of medication.

30        (c) A person who is present when an individual with a terminal disease self-administers  
31 an aid-in-dying drug may, without civil or criminal liability, assist the qualified individual at his  
32 or her request by preparing the aid-in-dying drug; provided, however, that the person does not  
33 directly assist the qualified person in ingesting or self-administering the aid-in-dying drug.

34        (d) No health care provider, pharmacist, licensing board, or professional organization or  
35 association shall subject an individual to censure, discipline, suspension, adverse action on a  
36 license, loss of privileges, loss of membership, or other penalty for participating in good-faith  
37 compliance with the activities authorized under this Article or for refusing to participate in  
38 activities authorized under this Article in accordance with subsection (e) of this section.

39        (e) No health care provider or pharmacist shall be subject to civil, criminal,  
40 administrative, disciplinary, employment, credentialing, professional discipline, contractual  
41 liability, or medical staff action, sanction, penalty, or other liability for participating in the  
42 activities authorized under this Article, including determining the diagnosis or prognosis of an  
43 individual, determining the capacity of an individual for the purpose of determining if he or she  
44 is a qualified individual under this Article, providing information about this Article to an  
45 individual, and providing a referral to a physician licensed in this State who participates in the  
46 activities authorized under this Article.

47 **"§ 90-326.13. Request for aid-in-dying drug not a basis for guardianship or claim of neglect**  
48 **or elder abuse.**

49        (a) A request by a qualified individual to an attending physician to provide an  
50 aid-in-dying drug in good-faith compliance with the provisions of this Article shall not provide  
51 the basis for the appointment of a guardian or conservator.

1        (b) No actions taken in compliance with the provisions of this Article shall constitute or  
2 provide the basis for any claim of neglect or elder abuse for any purpose of law.

3 **"§ 90-326.14. Voluntary nature of authorized activities under this Article.**

4        (a) Participation in activities authorized under this Article is strictly voluntary. A person  
5 or entity that elects, for reasons of conscience, morality, or ethics, not to engage in activities  
6 authorized under this Article is not required to take any action in support of another individual's  
7 decisions or actions under this Article. Except as provided in subsection (d) of this section, a  
8 person or entity that elects not to engage in such activities shall not impede or interfere with a  
9 qualified individual's decision to self-administer an aid-in-dying drug.

10       (b) No health care provider or pharmacist shall be subject to civil, criminal,  
11 administrative, disciplinary, employment, credentialing, professional discipline, contractual  
12 liability, or medical staff action, sanction, penalty, or other liability for refusing to participate in  
13 activities authorized under this Article.

14       (c) If a health care provider or pharmacist is unable or unwilling to carry out an  
15 individual's request under this Article and the individual transfers care to a new health care  
16 provider, the individual may request that a copy of his or her medical records be sent directly to  
17 the individual or to the new health care provider.

18       (d) A health care provider may prohibit its employees, independent contractors, or other  
19 persons or entities, including other health care providers, from participating in activities  
20 authorized under this Article while on premises owned or under the management or direct control  
21 of that health care provider, or while acting within the course and scope of any employment by,  
22 or contract with, that health care provider.

23       A health care provider that elects to prohibit its employees, independent contractors, or other  
24 persons or entities, including health care providers, from participating in activities authorized  
25 under this Article shall first give notice of the policy prohibiting participation under this Article  
26 to the individuals or entities prohibited from participating in such activities. A health care  
27 provider that fails to provide such prior notice of its policy shall not be entitled to enforce the  
28 policy against any individual or entity.

29 **"§ 90-326.15. Impermissible sanctions.**

30       (a) A health care provider may not be sanctioned for any of the following:

31           (1) Making an initial determination pursuant to the standard of care that an  
32 individual has a terminal disease and informing him or her of the medical  
33 prognosis.

34           (2) Providing information about the End of Life Option Act to an individual upon  
35 inquiry.

36           (3) Providing an individual, upon request, with a referral to another physician.

37       (b) An entity that prohibits activities authorized under this Article in accordance with  
38 G.S. 90-326.17 shall not sanction an individual health care provider for contracting with a  
39 qualified individual to engage in activities authorized under this Article if the individual health  
40 care provider is acting outside the course and scope of his or her employment or contract with  
41 the entity prohibiting such activities.

42       (c) The protection from sanctions described in this section is solely reserved for health  
43 care providers who engage in actions authorized under this Article.

44 **"§ 90-326.16. Felonious activities.**

45       (a) Knowingly altering or forging a request for an aid-in-dying drug to hasten an  
46 individual's death without that individual's authorization, concealing or destroying a withdrawal  
47 or rescission of a request for an aid-in-dying drug, destroying or concealing an individual's  
48 written request for aid-in-dying drug, or concealing or destroying an individual's prescribed  
49 aid-in-dying drug is punishable as a felony if the act is done with the intent or effect of causing,  
50 interfering with, or preventing the individual's death against his or her wishes.

1       **(b) Knowingly coercing or exerting undue influence on an individual to request or ingest**  
2 **an aid-in-dying drug for the purpose of ending his or her life or knowingly destroying a**  
3 **withdrawal or rescission of a request or administering an aid-in-dying drug to an individual**  
4 **without his or her knowledge or consent is punishable as a felony.**

5       **(c) Knowingly coercing or exerting undue influence to interfere with an individual's**  
6 **expressed desire to hasten his or her death by ingestion of a prescribed aid-in-dying drug is**  
7 **punishable as a felony.**

8       **(d) Nothing in this section shall be construed to limit civil liability for acts or omissions**  
9 **of gross negligence or intentional misconduct.**

10       **(e) The penalties in this section do not preclude criminal penalties applicable under other**  
11 **provisions of law for conduct inconsistent with the provisions of this Article.**

12 **"§ 90-326.17. Department to collect information; information to remain confidential and**  
13 **is not a public record.**

14       **(a) The Department shall collect and review the information submitted pursuant to**  
15 **G.S. 90-326.9. The information collected and maintained by the Department pursuant to**  
16 **G.S. 90-326.9 and this section is confidential and not a public record under G.S. 132-1. The**  
17 **Department shall collect and maintain this information in a manner that protects the privacy of**  
18 **the qualified individual, the qualified individual's family, and any participating health care**  
19 **provider or pharmacist.**

20       **(b) Annually, on or before April 15, the Department shall create and make available to**  
21 **the general public on the Department's Internet Web site a report based on the information**  
22 **collected by the Department pursuant to G.S. 90-326.9 and this section during the preceding**  
23 **calendar year. The report shall include at least all of the following based on the information**  
24 **provided to the Department pursuant to G.S. 90-326.9 and this section and the Department's**  
25 **access to vital statistics:**

26           **(1) The number of individuals who initiated procedures to obtain an aid-in-dying**  
27 **drug under this Article.**

28           **(2) The number of individuals for whom an aid-in-dying drug was prescribed.**

29           **(3) The number of individuals who initiated a request for an aid-in-dying drug**  
30 **under this Article, but whose request was denied by the attending physician,**  
31 **the consulting practitioner, or a mental health specialist.**

32           **(4) The number of known individuals who died each year for whom an**  
33 **aid-in-dying drug was prescribed and the cause of death for each of these**  
34 **individuals.**

35           **(5) For the preceding calendar year, the cumulative totals of all the following:**

36               **a. The number of prescriptions written for aid-in-dying drugs.**

37               **b. The number of people who died as a result of ingesting an aid-in-dying**  
38 **drug.**

39               **c. Of the number in sub-subdivision (5)b. of this subsection, the number**  
40 **who were enrolled in hospice or other palliative care programs at the**  
41 **time of death.**

42           **(6) The number of known deaths in North Carolina hastened by aid-in-dying**  
43 **drugs per 10,000 deaths in North Carolina and by natural causes per 10,000**  
44 **deaths.**

45           **(7) The number of physicians licensed in this State who wrote prescriptions for**  
46 **aid-in-dying drugs.**

47           **(8) The number of pharmacists participating in activities authorized under this**  
48 **Article.**

49           **(9) The names and dosages of prescribed aid-in-dying drugs.**

50           **(10) Of the individuals who died as a result of ingesting an aid-in-dying drug,**  
51 **demographic percentages organized by the following characteristics:**

- 1           a.     Age at death.
- 2           b.     Education level.
- 3           c.     Race.
- 4           d.     Sex.
- 5           e.     Type of insurance, including whether or not the individual had
- 6                 insurance coverage.
- 7           f.     Underlying terminal disease.
- 8           g.     The number of days elapsed between the date the prescription was
- 9                 filled and the date the prescription was ingested and resulted in death.

10 **"§ 90-326.18. Department to develop, update, and publish forms.**

11         The Department shall develop an Attending Physician Checklist and Compliance Form, an  
12 Attending Physician Follow-Up Form, a Consulting Practitioner Compliance Form, a Mental  
13 Health Specialist Compliance Form, a Pharmacist Compliance Form, and any other form the  
14 Department deems necessary to implement the provisions of this Article, provided, however, that  
15 any form the Department develops pursuant to this section shall be consistent with the  
16 requirements of this Article. The Department shall, as necessary, update and publish all forms to  
17 be used under this Article on its Internet Web site in a format that can be downloaded by the  
18 general public.

19 **"§ 90-326.19. Disposal of aid-in-dying drugs after death of qualified individual.**

20         A person who has custody or control of any unused aid-in-dying drugs prescribed pursuant  
21 to this Article after the death of a qualified individual shall (i) personally deliver the unused  
22 aid-in-dying drugs for disposal at the nearest qualified facility that properly disposes of controlled  
23 substances, or if none is available, (ii) dispose of the aid-in-dying drug by lawful means in  
24 accordance with rules adopted by the North Carolina State Board of Pharmacy or a federal Drug  
25 Enforcement Administration approved take-back program.

26 **"§ 90-326.20. Construction of Article.**

27         (a) This Article shall not be construed to authorize a physician or any other person to end  
28 an individual's life by lethal injection, mercy killing, or active euthanasia.

29         (b) Actions taken in accordance with this Article shall not, for any purposes, constitute  
30 suicide, assisted suicide, homicide, or elder abuse under the laws of North Carolina.

31 **"§ 90-326.21. Severability of provisions.**

32         If any provision of this Article or the application of this Article to any person or circumstances  
33 is for any reason held invalid, such invalidity shall not affect other provisions or applications of  
34 this Article that can be given effect without the invalid provision or application, and to this end  
35 the provisions of this Article are declared to be severable."

36         **SECTION 2.(a)** By December 31, 2019, the Department of Health and Human  
37 Services shall develop and publish to its Internet Web site, in downloadable format, the forms  
38 described in G.S. 90-326.18, as enacted by this act.

39         **SECTION 2.(b)** The first report required by the Department under  
40 G.S. 90-326.17(b), as enacted by this act, is due and shall be published on its Internet Web site  
41 on or before March 15, 2021.

42         **SECTION 2.(c)** This section is effective when this act becomes law.

43         **SECTION 3.** Except as otherwise provided, this act becomes effective December 1,  
44 2019, and applies to offenses committed on or after that date.